



APPLICATION TO CUT COUNTY ROAD PAVEMENT

HCHD Form 1011 Revised 3/20/01

Hamilton County Highway Department
1700 S. 10th Street
Noblesville, IN. 46060
Ph: (317) 773-7770 Fax: (317) 776-9814

Permit #: _____

Instructions:

- 1. Form must be completely filled out using a typewriter or printed using black ink. Any non-applicable blanks must be marked N/A.
- 2. Contact a Permit Inspector or consult the Hamilton County "Permit Manual for County Roads" for questions concerning this application.
- 3. A clear, detailed plan sheet must accompany this application. The drawing must show the R/W, edge of road, all construction details, driveways, field entrances, easements and other significant features within or immediately adjacent to the R/W. The plan must show distances to the nearest intersecting roads, dimensions of all construction and have a legend for all symbols used. Failure to include all of the above will result in the denial and return of your application.
- 4. The minimum permit bond amount for cutting the pavement is \$10,000 per location. A higher amount may be required upon review of the permit. The beneficiary on the permit bond shall be the "Board of Hamilton County Commissioners, Hamilton County, Indiana".
- 5. Permit fee shall be check or money order made payable to the "Hamilton County Treasurer". **Cash can not be accepted.** When complete, mail or hand deliver this signed application, along with the permit fee, permit bond and detailed plan to the above address, Attention: "Permit Inspector".

☐ Open Road Cut - Conventional Backfill (\$100.00 Minimum per location)..... feet @ \$5.00 / foot =
(A three year maintenance bond will be required.)

☐ Open Road Cut - Flowable Backfill (\$100.00 Minimum per location) feet @ \$3.50 / foot =
(A three year maintenance bond will be required.)

Check or money order #: _____ TOTAL PERMIT FEE=

Bond Company: _____ Bond Amount: \$ _____ Bond #: _____

Applicant's Name		Applicant's Internal Control #	Applicant's Status (Must mark one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Mailing Address			
City	State	Zip Code	
Contact Person		Phone #	Fax #
Project Owner's Name (If different from applicant)			Phone #
Project Owner's Address (If different from applicant)			Fax #
City	State	Zip Code	
Project Location (Must be described in reference to centerlines of streets in feet. Use HCHD Form 1021 for additional locations in same project.)			
Project Purpose			
<p>I hereby certify that I have the authority to bind the above named applicant and the owner of the facilities being installed under this permit to the terms, conditions and requirements of this permit. I have received a copy of the code, read and fully understand all requirements of Hamilton County Code Title 8, Article 17, Chapter 3, Section 2 concerning the permit and construction process and requirements. I also certify that I, the applicant and all persons performing the work authorized by this permit understand all requirements of the above referenced code and permit and will abide by all of their requirements and conditions. I further certify that I, the applicant and any persons performing work authorized by this permit will not make any changes in work from the approved plan and permit without receiving written permission from the Hamilton County Highway Department. The applicant and owner agrees and understands that Hamilton County does not warrant the accuracy of the limits of the right of way shown on this permit and further that Hamilton County's approval is limited to conveying it's approval to install the approved facilities only within legal road right of ways. If the facilities as shown on this permit are not within legal road right of ways, it shall be the applicant's duty to obtain the proper legal access to the property to install said facilities as shown on the plans. The applicant, owner and I agree to pay all attorney's fees, court costs and other damages or costs incurred by Hamilton County in enforcing the terms of this permit, enforcing the County Code or which are a result of litigation incurred by the County as a result of this permit. The applicant, the owner of the facilities being installed under this permit and I understand that in the event Hamilton County determines that any of the facilities installed under this permit need to be repaired, relocated or removed from the rights-of-way, that the owner or any subsequent owner of the facilities agrees to maintain, relocate or remove these facilities in a timely manner at no cost to Hamilton County or its successors. The applicant, owner and I agree that the commencement of work covered by this permit will serve as our acceptance of all terms, conditions and requirements of the approved permit.</p>			
Signature		Date	
Printed Name		Title	

Do Not Write In this Section - Surveyor's Office Use Only

☐ This project does not affect a regulated drain.

☐ This project affects the following regulated drain(s) and an application must be made with the Hamilton County Drainage Board for construction within a drainage easement.

Surveyor, Hamilton County: _____ Date Approved: _____

Do Not Write In this Section - Highway Department Use Only

Inspector: _____ Date: _____

County Engineer: _____ Date: _____

Approved by the Hamilton County Board of Commissioners

President: _____

Member: _____

Member: _____

Auditor Attest: _____

This Permit Is Approved:

☐ As submitted.

☐ Subject to the attached conditions.

☐ Subject to the changes noted on the plans.

☐ Other: _____

Date: _____